

CHILD SEXUAL ABUSE: A SCOTTISH PERSPECTIVE

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Perhaps more than any other issue, with the obvious exception of the emergence of AIDS, child sexual abuse has been the social 'discovery' of the 1980s. Until the early part of this decade very few people were aware of child sexual abuse as it is now understood. This is not to suggest that the problem did not exist prior to this, simply that reporting rates were no where near their current levels. Over the last few years the media attention paid to the sexual abuse of children has been quite extraordinary, resulting in a massive increase in public awareness of the problem. What, though, underlies this spread of concern, and what are the Scottish perspectives on the issue?

I. The Political Context

The 'politics' of the issue can be traced back to the early seventies and even before when the emergence of the physical abuse of children, combined with the acknowledgement that domestic violence was more widespread than had previously been thought, catapulted the activities of social workers into the political spotlight.⁽¹⁾ This was particularly so in cases where so-called 'mistakes' in social work practice had led to tragic outcomes. The resulting enquiries, and especially the one into the death of Maria Colwell in 1974 in England received widespread publicity and stunned an incredulous public into recognising that such problems existed in modern times.

National interest in the Colwell Inquiry recommendations can probably be attributed to a timely coincidence between its occurrence and the advent of newly organised social work and social service departments in Scotland, England and Wales. Never before had there been this unprecedented access to information about social work practice. Public loss of faith in the state's ability to protect children, together with growing social anxiety about the decline of the family and the growth of violence, provoked political concern about the nature and direction of social work practice and about the accountability of social workers themselves. Poor inter-agency communication was identified as one of the major problems in dealing with child abuse, and the debate on improving inter-agency co-operation has continued unabated ever since.

The political impetus was given further weight by the campaigning

activity of established pressure groups such as the National Society for the Prevention of Cruelty to Children (NSPCC), the Royal Scottish Society for Prevention of Cruelty to Children (RSSPC) and the British Medical Association (BMA). In addition to these traditional bodies, emergent feminist organisations like Rape Crises and Women's Aid began to set up helplines and refuges during the 1970s. Public attention was brought to the experiences of those women who 'spoke out' about their childhood ordeals of sexual abuse. Their experiences clearly challenged the myth that women and children were at risk mainly from strangers; instead it was becoming increasingly apparent that most sexual abuse occurred within the confines of the family.

II. Changing Values

The use of children sexually has existed throughout history and across cultures, but whether such behaviour was conceived of and defined as abuse has been dependent on the societal values of the period.⁽²⁾ Particular sexual behaviours have been defined as normal at one period in history while later these same behaviours are defined as immoral and later still as criminal and then as psychopathological. In both ancient Greek and Roman civilisations an acceptance of sexual practices between adults and children prevailed. Child prostitution was commonplace as was the practice of anal intercourse between teachers and boy pupils. Other ancient civilisations such as the Incas of Peru, and the Ptolemaic Egyptians also permitted certain types of incest in isolated, privileged classes.

In Western society, it is being increasingly recognised that child sexual abuse is the expression of the perpetrator's need for dominance. This is accomplished by the exertion of the perpetrator's authority over the subordinated child. Thus, it is an act of exploitation committed in complete disregard of the harm inflicted on the child. Moreover, the harm is compounded because child sexual abuse is an abuse of power and a betrayal of trust.⁽³⁾ Originally identified in feminist writings but now absorbed into mainstream thought, the acknowledgement of the innocence of the child victim and the abuse of power and trust by the offending adult, is central to a proper understanding of the problem.⁽⁴⁾

Further, the idea that child sexual abuse is something which is only to be found in 'dysfunctional' families is increasingly also being challenged. The notion that the problem is somehow confined to socio - economically deprived groups or to ethnic or cultural minorities has been dispelled and it is now commonly accepted that the problem is much more widespread than had hitherto been imagined. That child sexual abuse can happen in otherwise perceptibly 'ordinary' families is disturbing and unsettling to many members of the general public, threatening as it does their belief in traditional family values and their conception of the family unit as the lynchpin of liberal democratic society.

III. Definition and Incidence

Any attempt to define 'sexual abuse of children' is fraught with difficulties. Rather than referring to any specific type of sexual behaviour, the term "sexual abuse" may mean anything across a range of activities from exhibitionism to genital manipulation to intercourse to child pornography. With no standardised definition of the subject matter, the common usage of the label 'child sexual abuse' conceals the different meanings which may be attached to it.⁽⁵⁾

It is, therefore, extremely difficult to produce a neat, accurate and all-inclusive definition of child sexual abuse. However, many experts in the field have offered their working definitions and one of the most widely cited, to which we would subscribe, describes sexual abuse as 'the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violate the social taboos of family roles'.⁽⁶⁾

The sexual abuse of children is surrounded by such secrecy that it is virtually impossible to obtain a truly accurate picture relating to the scale of the problem. Estimates of both the incidence (number of cases per year) and prevalence (proportion of the population affected) vary considerably. From the dramatic increases in reported cases of child abuse over the last few years it would be easy to conclude mistakenly that there is a current epidemic of child molestation which is getting worse. However, it is generally acknowledged that this increase is related more to greater public awareness and acceptance of the existence of the phenomenon, rather than to any great explosion in the actual number of acts of sexual abuse.

Estimates of the scale of the problem tend to come from one of two sources – either cases reported to various agencies, or survey studies of adults that ask about previous experiences of abuse. There are limitations to both these sources. Of the first, it is recognised that large numbers go unreported each year. Some of the reasons for this involves difficulties in documenting abuse – without physical evidence, a child may not be believed, or the suspicion is so vague that it is not reported. Additionally, the possibility of separation from parents or other disruption of the family may cause a child to give a false retraction or to deny a valid complaint. In addition pre-school children may not be able to communicate effectively events or may be unaware that the behaviour of the abuser is anything unusual.⁽⁷⁾

There are also difficulties with the second source of information – survey studies. Here there are problems concerning the representativeness of the survey sample, the design of the questionnaire and its administration

and the under-reporting of abuse. Also, since such surveys ask adults for their childhood experiences, they cannot give a current incidence or prevalence rate of the sexual abuse of children as each individual is reporting on the past. A review of available research material (overwhelmingly American) reveals widely conflicting prevalence rates – anything from 6% to 62% for females and from 3% to 30% for males.⁽⁸⁾ Notwithstanding the fact that it is impossible to identify a consensus prevalence rate, the one important conclusion that can be drawn from this data is that the level of child sexual abuse is far from trivial, even if one were only to accept the very lowest rate.

Difficulties, then, still persist in accepting child sexual abuse as a real issue, in defining the problem coherently, in understanding its true nature and in estimating the extent of its prevalence. How then are professional front-line practitioners supposed to recognise the problem of child sexual abuse and how do we expect them to react when it confronts them in the course of their daily work? Recognition is, of course, intrinsically connected to definition, but even those professionals who have a working definition with which they are comfortable still have problems in identifying sexually abused children.

IV. The Cleveland Controversy

In July 1987, a statutory inquiry chaired by Lord Justice Butler-Sloss was established to investigate the arrangements for dealing with suspected cases of Child Abuse in Cleveland because of concern expressed by parents, nurses, police and Members of Parliament at the sharp rise in cases in the county.⁽⁹⁾ The recognition of child sexual abuse was one of the main issues in the Cleveland controversy. Of course, the irony in this instance was not that highly trained professionals had failed to identify cases of sexual molestation, but that they had identified 'too many' in too short a space of time. It has been said that recognition of sexual abuse in a child is entirely dependent on an individual's inherent willingness to entertain the possibility that the condition may exist.⁽¹⁰⁾ In Cleveland key figures certainly became involved in a determined effort to detect abused children.

Like enquiries before it, the debate is set within the context of English laws, policies and practices. Perhaps paradoxically one principle recommendation of the inquiry, to establish a new Office of Child Protection, derives in part from the Children's Hearing system in Scotland and in particular the role of the Reporter. The proposed Office of Child Protection would perform a similar function to that of Reporter, namely provision for assessment independent of the local authority as to whether the intended proceedings are well founded and in the best interest of the child. By adapting the Scottish precedent the hope is to introduce an impartial check and balance in the professional identification of child abusers before such cases go to Court. Whether it would prove efficient or

effective simply to graft one dimension of the Scottish legal system onto the otherwise very different legal arrangements for dealing with child sexual abuse in England and Wales merits more attention than Lord Butler-Sloss was able to allow.

V. Some Research Findings

Our current research into the professional identification of, and response to, child sexual abuse in Scotland is tending to shed some light on a number of the issues raised thus far.⁽¹¹⁾ This research has focussed on tracing the history of a sample of referrals for child sexual abuse which have come to the attention of the professional services of four Scottish Regions participating in the study. The premise which has underpinned the study is based on the idea that the professionals' perceptions of the problem, denoted by their definitions and explanations of child sexual abuse, will influence their actions in the early stages of a referral and will affect their judgements regarding the degree of intervention required and the types of solution sought. As the research has been carried out at a time of growing public and professional awareness of the problem, it has provided an opportunity to study the emergence of policy and its impact on the practice of relevant professionals.

The information being presented here is based on an early and partial content analysis of the responses of front-line practitioners involved in our sample of cases. Details on some 50 cases drawn from social work records in late 1986/early 1987 were examined, and the principal professional participants involved in dealing with each case identified. It was decided that as social work and the police were the agencies most frequently involved in the early stages of investigation, the bulk of the interviews should focus on them as key informants and around 100 such interviews were therefore undertaken (50 social work; 50 police). This narrowing of focus has the advantage of allowing more detailed exploration of the ideas and practices of two professional groups but at the same time the disadvantage of failing to encompass the range of different perspectives and influences which make up the professional assembly.

VI. Definition and Identification in Practice

Reference was made earlier to the idea that the label 'child sexual abuse' concealed the different meanings which could be attached to it. Moreover, it was suggested that the way in which 'child sexual abuse' was defined or described could have an effect on the way in which the problem was identified and responded to. Two somewhat different styles of definition were noted in our research.

In the first category respondents offered 'functional' answers which described different types of acts which might represent child sexual abuse

together with a depiction of a set of circumstances in which it could arise and a set of common symptoms to be found in the child. A majority of both social workers and police tended to adopt this style, making reference to a wide range of activities from the comparatively mild to the very serious which could comprise sexual abuse. One social worker, for instance, remarked that 'there are lots of levels of abuse', while another simply said 'any use of a child by an adult for sex'. Very often the tendency would be to list things such as voyeurism, exhibitionism, petting, intercourse and rape and many of the police officers, perhaps not surprisingly, favoured legal terms or specific crime categories as a means of conveying the types of activity they had in mind.

In the second category respondents offered more 'abstract' answers. These involved a conceptual analysis of child sexual abuse in which 'dysfunctional' family dynamics, adult-child power relationships and male psycho-sexual motivation, were given greater prominence. There was often only a fine dividing line between these definitions and the first category, but the distinguishing feature lay in the use of a key word or expression which revealed a deeper understanding of the causes of abuse and of the betrayal of trust which abuse necessarily involved. Quite a sizeable minority of social workers and police used this descriptive style making reference to the power element within sexual abuse, the lack of informed consent, the emotionally immature child, the secrecy and fear involved and the adult male's need for sexual gratification and dominance.

What difference, if any, the two types of definition make in the early stages of identifying child sexual abuse referrals is not yet clear. The functional definition focuses on manifestations of sexual abuse in the child without reference to causation; whereas the abstract definition concentrates on the actions of adults towards dependent children and the motivation for such acts. An over-reliance on the former can lead to difficulties in interpreting symptoms which by themselves are usually not discrete enough to discriminate sexual abuse from other childhood conditions. Too great an emphasis on the latter can involve difficulties in differentiating between permissible and impermissible behaviour in the context of different family settings, and in ascribing moral values to particular actions arising therein. Of course, this is not to suggest that there can be permissible sexual behaviour with children, rather that the limits of the acceptable at different ages concerning such things as nudity, embracing and horseplay are not easy to draw. The very varied nature of allegations of sexual impropriety in the home calls for sensitive assessment and a flexible response.

In practice, however, the distinction between defining the problem and identifying it was not so clear cut and in the minds of many of the respondents the two were virtually the same thing. Indeed, it is perhaps surprising to learn that only a few respondents indicated that identification

itself was a major problem. This was because the majority of both social workers and the police felt that their role was not so much to identify child sexual abuse per se, but to *respond* to it when the problem was brought to their attention through a referral. One WPC in a Female and Child Unit remarked – 'I think by the time we're involved it's already known that sexual abuse has occurred, so we're not really the ones who are identifying that this girl or this boy has been sexually abused'; while her colleague confirmed 'we tend to act on information given to us either by a parent or social worker or teacher usually'.

Sometimes though, social workers could be faced with delicate decisions – 'from our point of view we tend to be responding to referrals coming from elsewhere and it's difficult to know if they are accurate'. Therefore, social work often had to be doubly cautious, concerned not only about the accuracy of referral by others, but also about their own professional competence to decide which were the discriminating indicators – 'There are no clear hallmarks', said an experienced Senior, 'invariably what we are talking about is a number of factors coming together of which disclosure (by the child) is in my view certainly the single most important'.

Provisional examination of the case material in our sample reveals that the main source of information regarding child sexual abuse emanated from within, or very close to, the family itself. We have found that around 60% of disclosures came from victims themselves, from the non-abusing parent or relative, or from a close family friend. Approximately 30% of the sample disclosures came, perhaps not surprisingly, from those professions most closely associated with the day-to-day care of children – namely schools and the medical profession. Being in almost daily contact with the children, teachers were in an ideal position to monitor any suspicious changes in a child's behaviour and to alert the relevant welfare agencies should a case continue to give cause for concern. Whether teachers actively sought this role in the frontline, given their many other varied responsibilities was, of course, another question.

What then becomes apparent, both from the sample figures and from respondents' comments, is that those agencies most directly involved in the investigation and subsequent management of child sexual abuse cases – social work and the police – are not themselves very prominent in identifying their own case material. In only a small percentage of cases, some 10%, did social work or the police 'discover' the problem on their own, that is, appear as the first link in the referral chain. It was far more common for them to appear later in the 'chain of referral' in a reactive role to information received from outside sources. Uncertain whether abuse has occurred, social work and police enter the arena to investigate, while other professionals, to some extent, give way. The complaint almost invariably depends on allegations, usually against existing family members and

consequently involves for all concerned a provocative and disturbing encounter whether or not abuse exists.

VII. Changing Priorities

Widespread agreement existed amongst both police officers and social workers that reporting rates in Scotland had increased quite dramatically over the last two years. Publicity given to the issue on television and in the press had opened up the subject – 'it makes us more aware that this problem does exist and probably to a greater extent than we first thought'. Few could quote figures, but there was an understanding that the perceived increase related to reporting *rates* and did not necessarily reflect an increase in actual numbers in the community at large. It was simply that more cases were coming to the attention of social work and the police as a result of the growing public awareness of the problem. The underlying feeling amongst many was, however, that the reported cases only represented 'the tip of the iceberg'. As one experienced social worker commented, 'there are far more incidents taking place than come to our knowledge and far more youngsters are involved than we know about at the present time; hence there is a very active concern to make channels available for youngsters to confide'.

It was thus acknowledged that the issue had to be accorded the very highest priority in order to ensure protection of the child and to a lesser extent to combat the very newness of the issue itself. Social workers indicated that when a child sexual abuse referral came into the team it would be given top priority, over-riding all other work. 'No matter what you have on, it is dropped for the child sexual abuse referral and investigated!'. The police too were aware of the increased workload caused by the rise in reporting rates and expressed their determination 'to get to the bottom of the problem'.

What this 'drop everything else' ethic implies for day to day practice is probably less straightforward than the policy intention may suggest. With an increase in child sexual abuse referrals coming at a time of tight fiscal restraint not all cases of sexual abuse necessarily can be treated with the same seriousness and urgency. Not only then must these cases be pitted against other pressing issues facing social work and police but also they may have to be ranked against each other. Perhaps the reality of the situation is that 'everything else' is not, and cannot be, dropped by the social worker, but merely relegated in the hierarchy of priorities. While it may be comparatively easy to conclude that the potential threat to a child's life and health deserves timely attention, how are those children most at risk to be identified?

The difficulty, of course, lies in deciding what constitutes a sexual act or a sexual intention. Often police and social workers are being forced to act as moral arbitrators about what constitutes reasonable behaviour

between adults and children. This can leave individual practitioners feeling vulnerable:-

'There is so much anxiety around currently that either individuals or in terms of representing their profession or their department, people are feeling they have to make sure they are not liable, if you like. The problem about that is you are nearly always dealing with a range of uncertainties and if you are going to go for certainty you can usually make only very crude decisions.'

One of the problems in Cleveland lay in this failure to differentiate between the seriousness of cases. Once a child manifested particular symptoms thought to be consistent with sexual abuse, its removal to a place of safety followed as a matter of course. Not only did this all inclusive approach draw some questionable cases into the net, causing for the families concerned much emotional upheaval, it also overloaded the system and created for the social workers a similar strain.

Despite the high priority given to child sexual abuse, rarely, it seems, is a social worker's existing case load lightened to accommodate the practical and emotional burdens of having to cope with such work. Some social workers did complain of the expectations, that more work would have to be fitted into the available time and existing schedule. As one respondent commented 'it takes an awful lot of time to do it properly, time is the big factor'. Thus it seems straightforward to suggest that if social workers are being expected to carry the burden of a child sexual abuse case in addition to the demands of their existing caseload, then the additional work (in some instances) will lead to greater pressure with its attendant problems of heightened anxiety and stress.

The 'discovery' of child sexual abuse as a 'new' crime has also placed new burdens upon the police who, like social work, face a similar growth in service demand. Such demand has been responded to in part by creation of specialist Female & Child units in many Forces. These units comprise female officers trained to investigate crimes of violence and abuse against children and women, sensitively and authoritatively. The public expect child abuse cases to be investigated and 'cleared-up' quickly. As a consequence many of the Female and Child Units are working to capacity, with specialist officers under pressure to deal with an ever increasing workload. If child abuse reporting rates continue to rise at their present levels then inevitably there will be further repercussions for the police's operational strategy on the matter.

Both the police and social work were unanimous in placing the interests and welfare of the child victim above all other considerations. On this there was absolutely no equivocation. Where doubt and uncertainty did arise was in the *form* that intervention should take. Concern was

expressed about whether the decisions and actions being taken in the short term as a result of the 'crisis' were necessarily in the longer term interests of the child. Also, it was often difficult to weigh in the balance the 'rights' of the child to be protected against the 'rights' of the parents not to be subjected to the unnecessary intervention of the welfare agencies.

Given the sensitive nature of the problem, both police and social workers were quick to point out that they could not just 'jump in' when a case was referred. Matters certainly had to be investigated promptly but over-anxiety had to be guarded against. The impression was conveyed that front-line practitioners faced a considerable dilemma in this capacity. What was the appropriate response time in each particular case? How long for instance, could a social worker, afford to reflect on matters before deciding to act? One summarised this difficulty neatly commenting, 'I think there is a danger of over-reacting at times - OK, we've got to protect the child in the first instance, but we have to be very, very sure of what we're doing'.

VIII. Policy Trends

Scotland's system of Children's Hearings, with their regular reviews and parental involvement, may offer certain safeguards against the lack of communication which precipitated the Cleveland controversy. Although it was not strictly within the remit of Butler-Sloss to compare directly policy and practice in Scotland and England, the Report, somewhat equivocally, states that 'the relative advantages and disadvantages of the two systems in the Cleveland perspective would not be easy to evaluate'.⁽¹²⁾ While England is now looking to adopt certain Scottish precedents into its child care system, for instance, the proposed Office of Child Protection, it would be prudent for those north of the border to acknowledge some of the more general themes of the Butler-Sloss Report as being applicable to the Scottish context, especially those recommendations which spell out the need for those investigating child abuse to make a *conscious effort* to ensure they act in the best interests of the child.⁽¹³⁾

The advantages of a multi-disciplinary approach are now commonly acknowledged by front-line practitioners - shared information, shared responsibility, shared accountability. Most people seem to endorse the *idea* of inter-agency co-operation; yet the traditional adherence to professional autonomy is notoriously difficult to overcome, and in Scotland, as elsewhere, problems still remain in creating a truly integrated approach.

There seems to be a widespread belief amongst many that the Scottish system affords more opportunities for professionals to make contact in a multi-disciplinary way. This belief stems from the notion that Children's Hearings provide the catalyst for both practitioners and lay personnel to come together to address each particular case from a collective perspective. Whether such an assumption is entirely justified is perhaps open to

question, for it tends to overlook the fact that many important decisions can be reached by individual agencies prior to a case coming before a Children's Panel. The decision-making nexus between individual agencies, N.A.I. Case Conferences, the Office of the Reporter and Children's Panels is still far from clear.

Yet a forceful endorsement of the Scottish system was given in a submission to the Cleveland Inquiry by John Forfar, President of the British Paediatric Association. He comments:-

'The Children's Panels in Scotland appear to be a better way of dealing with the problem of suspected child abuse than the system which pertains in England and Wales. They provide a means by which, in conjunction with selected informed lay advisers and under the chairmanship of a professional assessor, paediatricians and other doctors dealing with children can interview parents and children (jointly or separately) along with representatives of social work departments and the law. This provides a means of appreciating and assessing a multi-disciplinary problem in a multi-disciplinary way. It reduces the risk or arbitrariness and provides a means of achieving a more co-operative and flexible approach.'⁽¹⁴⁾

The key word in the passage is 'appear' which gives some credence to the idea that the belief in the system is possibly greater than its actual strengths. The belief, therefore, may become a self-fulfilling prophecy which can make both practitioners and independent observers less critical of structural flaws and weaknesses. This in turn may lead to a dangerous complacency.

The very 'newness' of the problem of child sexual abuse has obviously caught many agencies off-balance. Only a few years ago it would be rare for sexual abuse to be considered as the possible cause of a child's or family's difficulties. It has taken time for senior policy-makers to assimilate the issues involved and to respond with new initiatives. Some might argue though, that many of the problems, particularly those pertaining to inter-agency co-operation, have been known for long enough. However, this may underestimate the very real problems that sexual abuse creates for those trying to respond to it.

Perhaps what needs to be better understood is that professionals act within different operational frameworks and difficulties and conflicts can arise between agencies because their respective frameworks often do not match. Indeed, there is no reason why they should, for in many ways they represent an agency's separate identity and perspective. However, in finding common ground for collaboration it will be necessary to have a more realistic appreciation of such frameworks in order to understand where the compromises over practice lie.⁽¹⁵⁾

Certainly, significant advances have been made in improving the understanding between professionals about child sexual abuse issues in a number of areas throughout Scotland in the last few years. At management level multi-disciplinary Area Review Committees met in most regions to discuss policy and co-ordinate activity, with N.A.I. Guidelines being revised to cope with the new demands being placed upon professionals. The police too have responded positively to the problem by creating in a number of Forces new specialist Female and Child Units comprising women officers trained to deal with sexual abuse investigations compassionately and discretely. And at grassroots level many local initiatives are emerging, ranging from ad-hoc joint training seminars to more permanently established weekly or monthly discussion groups involving various disciplines.

Thus, the 'policy response' to child sexual abuse in Scotland has been in a sense both revisionist and innovative. Revisionist, because such was the upsurge in public awareness and reporting rates that existing policies formulated with other forms of physical abuse in mind had to be swiftly updated and modified in order to take account of the sudden new demand for service. Innovative, because with the passage of time a fuller appreciation of the nature of the problem has emerged and this has led to a number of significant breakthroughs in multi-disciplinary co-operation and co-ordination at the local level.

What effect these latter developments in local response will have on central policy-making remains to be seen. A balance may eventually have to be struck between implementing uniform policy guidelines applicable to all, while accommodating a certain measure of responsible devolved autonomy to allow for local practice. In theory, this degree of flexibility is already built into one Region's Guidelines:-

"Any procedures must admit to the possibility that, for very good reasons, certain sections of them will not be followed in certain circumstances. However, it is imperative that any course of action which deviates from the procedures are fully justifiable..."

There are, paradoxically, dangers in developing an effective local network system in that those involved can become victims of their own success. The more effective they are at uncovering the problem the more their work load increases. Also they can begin to find themselves labelled 'experts' in the field, with the result that fellow professionals in adjacent localities start to rely on them for advice and help, further increasing their burgeoning workload.

Ultimately, of course, the objective of the inter-agency approach should be to enable front-line professionals to understand more fully their

different perspectives and operational roles in order to promote trust, communication and collaboration. The difficulties in achieving this, however, even in today's enlightened climate, should not be underestimated.

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